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#19
Declaration
C. Fayon
1/23/02

PTO/SB/51 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

SPRAGUE-REI-1

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,842,629, granted 12/01/1998, and for which a reissue patent is sought on the invention entitled VERI MAG PACK

the specification of which

☐ is attached hereto.

☒ was filed on December 9, 1999 as reissue application number 09 / 458,132
and was amended on 12/15/2000 and 7/6/2001
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- ☒ by reason of a defective specification or drawing.
- ☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

1. The patentees claimed less than they had the right to claim in the patent. In particular, the claims as issued are directed to the embodiment shown in Fig. 1, with "a line of perforations at each of the top, right side and bottom of the package, the bottom line of perforations intersecting the die cut transparent cellophane window to provide a quick release feature that exposes a portion of the data card". This limitation leaves out Fig. 4, which does not have a line of perforations at the bottom of the package..intersecting the die cut transparent cellophane window. The patentees erred by disclosing the embodiment of Fig. 4 but by failing to claim it.

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| | | | |
|---|---|--|---------------------------|
| (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) | | Docket Number (Optional) SPRAGUE-REI-1 | |
| All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. | | | |
| Name(s) Royal W. Craig | | Registration Number 34,145 | |
| Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> Customer Number → <div style="border: 1px solid black; padding: 5px; text-align: center; flex-grow: 1;"> Place Customer Number Bar Code Label here </div> </div> <p style="margin-top: 5px;">OR Type Customer Number here</p> | | | |
| <input checked="" type="checkbox"/> Firm or Individual Name | Law Offices of Royal W. Craig | | |
| Address | 210 North Charles Street | | |
| Address | Suite 1319 | | |
| City | Baltimore | State | MD |
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| Telephone | 410-528-8252 | Fax | 410-528-8252 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. | | | |
| Full name of sole or first inventor (given name, family name) | | | |
| William R. Sprague | | | |
| Inventor's signature | | | |
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| Full name of third joint inventor (given name, family name) | | | |
| | | | |
| Inventor's signature | | | |
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| Residence | | | |
| Citizenship | | | |
| Post Office Address | | | |
| <input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto. | | | |